

CONSORTIUM AGREEMENT

This Consortium Agreement is hereby entered into between The College of Saint Rose (home institution) and _____ (host institution) for the purpose of providing Federal financial assistance to the student named below:

Name of Student _____ ID _____
Home Address _____

Dates of Planned Enrollment At Host Institution _____

Part 1: To Be Completed By Student

I understand that The College of Saint Rose Financial Aid Office must determine my eligibility for all Federal financial aid. I will not apply for any financial aid through my host institution for the dates of enrollment listed above. Should I receive financial aid from outside sources (e.g. grants, scholarships), I will immediately inform the Saint Rose Financial Aid Office.

I understand that credits taken at the host institution will be applied toward my degree requirements at Saint Rose only if they have been successfully completed according to The College of Saint Rose's criteria of satisfactory academic progress.

Signature Date

Part 2: To Be Completed by The College of Saint Rose Registrar

Permission has been granted for this student to attend the host institution. The coursework anticipated for completion at the host institution will meet the standards for transfer credit.

Signature Date

Part 3: To Be Completed By Host Institution

Budget: Tuition	\$ _____
Fees	_____
Living Expenses	_____
Travel	_____
Books & Supplies	_____
Total	\$ _____

Courses To Be Taken: _____ No. of credits _____

The previously named student is enrolled in the courses as listed above for the academic period _____ to _____. The host institution agrees that it will not pay the student a Pell Grant and/or any other campus-based funds and that it will not certify any Federal Direct Loans during the above period of attendance.

Signature of School Official Name and Title

Date Address

Telephone Number City, State, ZIP

Part 4: To Be Completed by The College of Saint Rose Financial Aid Office

Based upon information provided by the host institution and the Registrar's Office at The College of Saint Rose, the following financial aid has been awarded:

<u>Type of Aid</u>	<u>Amount</u>	<u>Estimated Disbursement Date(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The College of Saint Rose certifies that the student is fully matriculated and in good academic standing. The College agrees to provide payment to the student under the programs listed above for the appropriate period of time. The College further agrees to monitor the student's program pursuit and satisfactory academic progress, and to be responsible for disbursing funds to the student and for administering the appropriate refund policy.

This financial aid is subject to the student's continued satisfactory academic progress as defined in The College of Saint Rose catalog. Following successful completion of the described courses at the host institution, and transfer of these credits and course descriptions to the home institution, they will be applied toward the student's degree requirements at The College of Saint Rose.

Signature of School Official

Name and Title

Date

Telephone

Return this form to:

**The College of Saint Rose
Office of Financial Aid
432 Western Avenue
Albany, NY 12203**

You may contact us by:

**FAX: (518) 454-2109
PHONE: (518) 458-5464
EMAIL: finaid@strose.edu**

**STUDENT BILLING STATEMENT AND REGISTRATION FORM
MUST BE ATTACHED TO THIS AGREEMENT**

Copies to: Bursar's Office _____
Registrar's Office _____
Host Institution _____